

September 8, 2010

Julius Genachowski, Chairman
Commissioners Copps, McDowell, Clyburn, Baker
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Subject: Federal Communications Commission Notice of Proposed Rulemaking - Rural Health Care Support Mechanism, WC Docket No. 02-60

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Introduction and Summary

The National Rural Health Association (NRHA) is pleased to offer comments on the Federal Communications Commission (the Commission) notice of proposed rulemaking (NPRM) relating to its Rural Health Care Support Mechanism. We appreciate your commitment to improving rural America's broadband access, and look forward to our collaboration to ensure our mutual goals are met.

The NRHA is a non-profit membership organization with more than 21,000 members nation-wide that provides leadership on rural health issues. Our membership includes nearly every component of rural America's health care infrastructure, from hospitals to individual patients. We work to improve rural America's health needs through government advocacy, communications, education and research.

Rural American health providers face significant barriers in access to a robust broadband network. Lack of financial incentives and access to capital, coupled with long distances between sites, contributes to a system in which rural providers are in danger of being left behind in the digital divide. In contrast, the benefits of broadband and a fully integrated health information technology (health IT) system have the potential to address many of rural America's current health care hurdles. Therefore, bringing the critical underlying broadband technologies to rural America is of the utmost importance.

Narrowing this access gap in rural America will require a robust health IT system that brings together the multitude of technological needs, such as electronic health records, telemedicine, and other health IT components. The underlying broadband capacity is necessary to transfer large EHR files, run telehealth services, monitor and develop assistive technologies, and to keep up with other emerging health technologies.

For this reason, we believe this notice of proposed rulemaking (NPRM) represents a significant step forward in ensuring rural health providers are able to keep up with the latest technological needs required to provide patient care. This letter outlines suggestions, however, to improve its overall reach to ensure these programs truly reach those intended.

First, we discuss the Commission's proposed Health Infrastructure Program, which we believe to be a step in the right direction assuming certain improvements are implemented. First, we urge the Commission to increase its efforts to foster interagency collaboration between itself and other federal agencies with similar programs and goals. Additionally, while we believe the Commission's plan to provide up to 85 percent of the associated costs would assist many health providers, we are concerned that many in rural areas will struggle to match the extra 15 percent requirement.

Therefore, we suggest the Commission reduce this threshold for the rural providers most in need, and to also allow in-kind contributions to count as eligible costs under this requirement. Finally, because of staffing difficulties rural providers struggle with as it is, we are concerned that many providers will face significant burdens with navigating the complicated application and administrative process associated with this program. Many rural health providers, though eligible, will not receive benefits simply due to the associated paperwork and filing requirements set forth in this NPRM.

We are pleased with the Commission's proposed plan for its Broadband Services Program that will replace the current Internet Services Program, but also provide suggestions to improve its reach to rural American health providers. First, we suggest that, while the Commission's plan to implement a minimum broadband speed of 4 megabits per second represents a needed goal, it should not be a minimum requirement for eligibility.

Additionally, we appreciate the Commission's proposal to increase its level of support within this program, but also urge it to recognize the unique challenges faced by rural providers and set a minimum level of equal to 60 percent of providers' recurring costs. We also urge the Commission to consider eligible providers within this program regardless of whether or not they have participated in the previous Rural Health Care Pilot Program, or to assist such providers with their internet costs.

The NRHA urges the Commission to recognize the unique difficulties rural providers will face in meeting the Centers for Medicare and Medicaid Services (CMS) Meaningful Use guidelines, and therefore not align any eligibility criteria within this NPRM's proposed programs with them. A fully implemented electronic health record (EHR) assumes an underlying broadband network is already in place, and while we recognize the importance of aligning the two programs as an ultimate goal, their eligibility requirements should not be interconnected. Instead, we urge the Commission to align this NPRM's proposed programs with the concept of a health information exchange (HIE), as well as develop an evaluation form that elicits information on how broadband services are used by individual providers in various rural areas.

We appreciate the Commission's willingness to revisit its interpretation of eligible providers, and willingness to accept comments on further expanding this list. We suggest that additional providers, such as emergency medical service (EMS), home health and additional mental health providers be included as well. Additionally, because for-profit providers are the only place to turn in many rural areas, we urge the Commission use its authority to group certain rural for-profit providers into the same category as public or non-profit health providers.

We look forward to any further collaboration ensuring the one-quarter of Americans living in rural America have access to the broadband services, and therefore the health providers, they need.

